

Reg # \_\_\_\_\_

Chk # \_\_\_\_\_

Date \_\_\_\_\_



## Summer Adventure Camp 2018 Registration Form

Please complete a registration form *for each child* in order to reserve their place for 2018 Summer Adventure Camp. The \$50 registration fee is due upon enrollment. Financial aid may be available. Contact us for more information at [sac@conwayfumc.org](mailto:sac@conwayfumc.org) or 329-1467.

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Grade entering this fall \_\_\_\_\_ Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Please select from the following:

\_\_\_\_\_ Full Time Day Care (Monday through Friday) \$125.00/week

\_\_\_\_\_ Part Time Care (**Select your days below Monday through Friday**) \$30/day

Monday Tuesday Wednesday Thursday Friday

Completed registration packets must be returned by Tuesday, May 1st. If my child's packet is not returned by May 11th, my child's spot will be forfeited. (Note: Special arrangements can be made prior to May 11th if I am unable to return the packet by the deadline. Contact Pam Brenske or Lisa Murray at 501-329-1467 or [sac@conwayfumc.org](mailto:sac@conwayfumc.org) for more information.)

If my child is placed on the roster, I will give written notice by Friday, May 11th, that I plan to withdraw my child from the SAC Program. I understand that withdrawal after that date will result in my responsibility for 2 weeks' tuition. I understand that the registration fee is non-refundable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please select from the following:

I am registering as a

\_\_\_\_\_ returning camper

\_\_\_\_\_ church member/immediate family of church member

\_\_\_\_\_ new camper